



**APPLICATION FOR
FARM GASOLINE USER FEE REFUND**

Mail to: South Carolina Department of Revenue, Motor Fuel, Columbia, SC 29214-0139
Telephone: (803) 896-1990

Name and Address _____ _____ _____ _____	IMPORTANT ALWAYS REFER TO THE FILE NUMBER WHEN WRITING THE DIVISION
	FILE NUMBER
	FED. E. I. NUMBER OR S. S. NUMBER

All invoices must be made out the same as the name listed above. This application must be accompanied by a true copy of the invoice. The claim must be filed not more than 3 years after the date of the invoice

The said gasoline was purchased by me as enumerated below and as set forth on the purchase invoice(s) attached. The amount of gasoline which has been used is shown on the reverse side.

RECORD OF REFUND GASOLINE PURCHASED

Date of Purchases	Invoice Number	Name of Licensed Distributor	Gallons Purchased
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total gallons gasoline purchased

COMPUTATION OF USER FEE REFUND

Number gallons used	_____	DO NOT USE THIS SPACE	
Amount of refund per gallon	\$ _____	Amount of refund approved	\$ _____
Total amount of refund due	\$ _____	Audited by	Date
Interest	\$ _____	Approved by	Date

(Over)

